

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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TOTAL IND.	3					
TOTAL DEP.	103					
TOTAL CLAIMS	106					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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TOTAL IND.												
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TOTAL CLAIMS												

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APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
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	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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